



Incident Report

Print Date/Time: 04/19/2016 09:06
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007129

Incident Date/Time: 4/16/2016 1:08:00 PM
Location: 1002 VERNON RD
LAKE STEVENS WA 98258
Phone Number: (904) 333-0776
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JOHNSON, SHAWN		(904) 333-0776			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/16/2016 : 13:10:19 SP0136 Narrative: CC AT 7412 14 PL SE - HIT AND RUN, OCC LAST NIGHT. PUB HAS SURVEILLANCE.

16-00007129, 041616 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E534597**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00007129
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	16	-	2016		1308	31			S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
VERNON RD	BLOCK NO. <input checked="" type="checkbox"/>	1002
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY		ST		ZIP
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CDL		RESTRICTIONS		ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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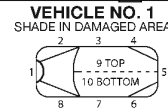
LICENSE PLATE #		STATE		VIN#
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY		ST		ZIP
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CDL		RESTRICTIONS		ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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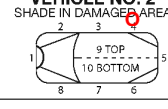
LICENSE PLATE #	B27674W	STATE	WA	VIN#	1FTRX18L6YKKB50413
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE
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VEH. YEAR	2000	MAKE	FORD	MODEL	F150	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SHAWN JOHNSON 7412 14TH PL SE LAKE STEVENS WA 982587347 D: 9043330776
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 175 8007-E24-47A
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	K. PARNELL	BADGE OR ID #	0135	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534597**CASE # **2016-00007129**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Owner of Veh. 2 states vehicle was hit while parked at Hawkeye's Pub on 04/15/16. Veh. 2 was unoccupied. Collision was not observed. Hawkeyes' manager will call if collision was captured on security video.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL		04-16-16 03:29 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY		DATE	
R. BROOKS 0013		4/16/2016 5:49:52 PM	
BADGE OR ID #	0135	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
1:10 PM		1:22 PM	

REPORT NO. E534597

CASE # 2016-00007129

DATE AND TIME
OF COLLISION 04/16/16 13:08

